



STONY BROOK
UNIVERSITY
MEDICAL CENTER
Stony Brook, N.Y. 11794

* 0 R 2 C 0 0 2 *

**PHYSICIAN'S INTRAOPERATIVE
PROGRESS NOTE**

Date: _____ Time: _____

Preop Diagnosis: _____

Postop Diagnosis: _____

Procedure: _____

Surgical Team: _____

Anesthesia: _____

Estimated Blood Lost/Replaced: _____

Fluids Administered (Optional): _____

Findings _____

Specimens Sent: _____ Drains: _____

Complications: _____

Comments/Disposition: _____

M.D. Signature: _____ ID #: _____ Date: _____ Time: _____